

DSHS-ADSA COMPLAINT HOTLINE SCRIPT

All callers hear this message when they call 1-800-562-6078

You have reached the Residential Care Services complaint line. If you are calling to make a report about a Washington state licensed long-term care facility or a certified supported living provider, you have come to the right place. If this is a life-threatening emergency, please hang up now and dial 911.

Please leave a message as it is the fastest way for us to respond to your concerns. Your report will remain confidential and you will have the option of remaining anonymous.

Please choose from one of the following options:

If you are a member of the public with a concern about resident abuse, neglect, rights or exploitation, **Press 1** you are calling to make an official facility report, **Press 2**

If you are a mandated reporter with a concern about resident abuse, neglect, rights or exploitation, **Press 3**.

If you are a facility employee wishing to make an anonymous report, **Press 4**.

If you prefer to mail or fax your complaint: **Press 5** to hear the mailing address or **Press 6** to hear the fax number. To repeat this message, **press #**.

(Public) Callers who press 1, 3 or 4 hear this message:

In a moment, you'll hear a series of questions. As you leave information, please make every effort to provide as many details as possible. Listen carefully to the questions and speak slowly and clearly. To begin...

- Please state and spell your first and last name. If you would like to remain anonymous, please say 'anonymous'.
- If you are a mandated reporter, please describe your relationship to the resident or client you are calling about; otherwise, say 'not mandated reporter'.
- If you would like to receive a callback, please say your telephone number, including the area code, which you can be reached at between the hours of 8:00 AM to 4:30 PM Monday through Friday.
- State the facility name, if known.
- State the facility's address, if known. If you do not know the address, please be as specific as possible regarding the description of the facility, as there may be several facilities associated with one name.
- State and spell the names of the residents or clients you are concerned about. Please include birthdates if this information is available to you.
- Lastly, please briefly describe your concern.

Your report is now complete. Thank you for calling in your concern. Goodbye.

(Facility) Callers who press 2 hear this list:

If you know the number for the type of incident you are calling to report you may press that number now or select from the following list:

- To provide a follow-up report related to a previously reported incident, **Press 1**.
- To report a resident-to-resident incident, **Press 2**.
- To report a staff-to-resident incident, **Press 3**.
- To report an injury of unknown source, **Press 4**.
- To report a resident fall, **Press 5**.
- To report an exploitation or misappropriation incident, **Press 6**.
- To report any other type of resident related incident such as: death, attempted suicide, disease outbreaks, fires, or weather-related issues concerning residents/clients, **Press 7**.
- To report a medication error incident, **Press 8**.
- To report an elopement or missing resident/client, **Press 9**.
- To repeat this menu **press #**.

Report a follow-up to a previously reported incident:

The following series of questions is for follow up on a previously reported complaint. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. If you cannot answer a question, press 3 to forward to the next question. To begin...

- State & spell your first and last name and provide your job title
- State the facility name
- State the facility address
- Please use the keypad to enter the facility's phone
- Number including the area code. If unknown, press star to continue.
- State the date that the original report was made and the name of the reporter.
- Describe the findings of the investigation or other pertinent follow-up information.
- If applicable; provide the employee's name, date of hire, date of birth social security number and associated licensed of any employee or employees involved.
- State the final action taken regarding any employee or employees involved.

Your report is now complete. To return to the main menu, Press 1. To make another report, please press 2. To end this call, hang up. Thank you.

Report a resident-to-resident incident:

The following series of questions is for reporting resident-to-resident incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. To begin...

- State and spell your first and last name and provide your job title
- Please choose your facility or provider type from the following options
 - If you are calling from a nursing facility/home, press 1
 - If you are calling from an assisted living facility, press 2
 - If you are calling from an adult family home, press 3
 - If you are a certified residential (supported living) provider, press 4
 - If you are calling from an intermediate care facility for individuals with intellectual disabilities, press 5
- State the facility name.
- State the facility address.
- Please use your keypad to enter the facility phone number, including the area code, which you can be reached.

You will have the opportunity to provide information for each resident, one at a time.

- State and spell the resident's first and last name, including the middle initial.
- What is the resident's gender? Press 1 for female or 2 for male.
- Use your keypad to enter the resident's date of birth in the 2 digit month, 2 digit day and 4 digit year format. Press star to skip.
- State the resident's primary diagnosis.
- Choose the resident's cognitive skills and decision making ability from the following options.
 - For decisions are consistent and reasonable, press 1
 - For has some difficulty in new situations, press 2
 - For decisions are poor and requires cues, press 3
 - For rarely or never makes decisions regarding self, press 4
 - For unknown, press 5
- Describe any recent changes in the resident's mental status or say "no changes in mental status".
- Choose the resident's walking status from the following options
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3
 - For staff gives weight-bearing support, press 4
 - For staff performs the activity for the resident, press 5
 - For unknown, press 6
- Choose the resident's transfer status from the following options:
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2

- For staff provides hands-on assistance, press 3
- For staff gives weight-bearing support, press 4
- For staff performs the activity for the resident, press 5
- For unknown, press 6
- If the incident is a pattern of behavior, describe the behavior and how often it happens; otherwise, say “isolated incident.”
- Describe the care plan changes that were made as a result of this incident. If none, say “no care plan changes”
- Describe any injuries sustained by including the size, shape, color and location on the body. If none, say “no injuries.”
- Describe the treatment that was required and if any additional treatment is necessary. If none say “no treatment.”
- Describe the psychological harm experienced by the resident. If none, say “no psychological harm.”
- To add an additional resident’s information to this report, press 1; if no other residents are involved, press 2.
- State the date when the incident occurred.
- State the time when the incident occurred.
- State the date and time when the incident was first reported to supervisors
- Name the doctors, responsible parties and all appropriate agencies that were notified and when.
- Was the incident sexual in nature? Press 1 for yes or 2 for no.
- What happened? Please describe the circumstances of the incident including where the incident occurred.
- Who witnessed the incident? If known, please state and spell the names of any witnesses. If none, say “no witness”.
- Briefly state any other pertinent information not previously stated. If none, say “no additional information.”

Your report is now complete. To return to the main menu, Press 1. To make another facility report, Press 2. If you are finished, you may have up. Thank you.

Report a staff-to-resident incident:

The following series of questions is for reporting staff-to-resident incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. To begin...

- State and spell your first and last name and provide your job title
- Please choose your facility or provider type from the following options
 - If you are calling from a nursing facility/home, press 1
 - If you are calling from an assisted living facility, press 2
 - If you are calling from an adult family home, press 3
 - If you are a certified residential (supported living) provider, press 4
 - If you are calling from an intermediate care facility for individuals with intellectual disabilities, press 5
- State the facility name.
- State the facility address.
- Please use your keypad to enter the facility phone number, including the area code, which you can be reached.

You will have the opportunity to provide information for each resident, one at a time.

- State and spell the resident’s first and last name, including the middle initial.
- What is the resident’s gender? Press 1 for female or 2 for male.
- Use your keypad to enter the resident’s date of birth in the 2 digit month, 2 digit day and 4 digit year format. Press star to skip.
- State the resident’s primary diagnosis.
- Choose the resident’s cognitive skills and decision making ability from the following options.
 - For decisions are consistent and reasonable, press 1
 - For has some difficulty in new situations, press 2
 - For decisions are poor and requires cues, press 3
 - For rarely or never makes decisions regarding self, press 4
 - For unknown, press 5
- Describe any recent changes in the resident’s mental status or say “no changes in mental status”.
- Choose the resident’s walking status from the following options
 - For no help or staff oversight, press 1

- For requires verbal encouragement or cuing, press 2
- For staff provides hands-on assistance, press 3
- For staff gives weight-bearing support, press 4
- For staff performs the activity for the resident, press 5
- For unknown, press 6
- Choose the resident's transfer status from the following options:
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3
 - For staff gives weight-bearing support, press 4
 - For staff performs the activity for the resident, press 5
 - For unknown, press 6
- If the incident is a pattern of behavior, describe the behavior and how often it happens; otherwise, say "isolated incident."
- Describe the care plan changes that were made as a result of this incident. If none, say "no care plan changes"
- Describe any injuries sustained by including the size, shape, color and location on the body. If none, say "no injuries."
- Describe the treatment that was required and if any additional treatment is necessary. If none say "no treatment."
- Describe the psychological harm experienced by the resident. If none, say "no psychological harm."
- To add an additional resident's information to this report, press 1; if no other residents are involved, press 2.
- State the date when the incident occurred.
- State the time when the incident occurred.
- State the date and time when the incident was first reported to supervisors
- Name the doctors, responsible parties and all appropriate agencies that were notified and when.
- Was the incident sexual in nature? Press 1 for yes or 2 for no.
- Describe the circumstances of the incident, including where the incident occurred.
- Who witnessed the incident? If known, please state and spell the names of any witnesses. If none, say "no witness".

You will have the opportunity to provide multiple employee names and identifying information, one at a time.

- State and spell the first and last name including the middle initial of the alleged employee involved and provide their job title and associated license information.
- State the alleged employee's date of birth, date of hire, and social security number.
- Describe the employee's previous warnings or incidents concerning conduct with residents. If none, say "no previous incidents".
- What action was taken with the employee? If suspended or terminated, include the date. If none, say "no action".
- To add an additional employee's information to this report, press 1. If no other employees are involved, press 2.
- Identify additional agencies notified such as: Law Enforcement, Fire Department, Medical Examiner, and Adult Protective Services. If law enforcement has been notified, please include the case number.
- Briefly state any other pertinent information not previously stated. If none, say "no additional information."

Your report is now complete. To return to the main menu, Press 1. To make another facility report, Press 2. If you are finished, you may have up. Thank you.

Report an injury of unknown source:

The following series of questions is for reporting injuries of an unknown source. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. To begin...

- State and spell your first and last name and provide your job title
- Please choose your facility or provider type from the following options
 - If you are calling from a nursing facility/home, press 1
 - If you are calling from an assisted living facility, press 2
 - If you are calling from an adult family home, press 3
 - If you are a certified residential (supported living) provider, press 4
 - If you are calling from an intermediate care facility for individuals with intellectual disabilities, press 5

- State the facility name.
- State the facility address.
- Please use your keypad to enter the facility phone number, including the area code, which you can be reached.
- State and spell the resident's first and last name, including the middle initial.
- What is the resident's gender? Press 1 for female or 2 for male.
- Use your keypad to enter the resident's date of birth in the 2 digit month, 2 digit day and 4 digit year format. Press star to skip.
- State the resident's primary diagnosis.
- Choose the resident's cognitive skills and decision making ability from the following options.
 - For decisions are consistent and reasonable, press 1
 - For has some difficulty in new situations, press 2
 - For decisions are poor and requires cues, press 3
 - For rarely or never makes decisions regarding self, press 4
 - For unknown, press 5
- Describe any recent changes in the resident's mental status or say "no changes in mental status".
- Choose the resident's walking status from the following options
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3
 - For staff gives weight-bearing support, press 4
 - For staff performs the activity for the resident, press 5
 - For unknown, press 6
- Choose the resident's transfer status from the following options:
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3
 - For staff gives weight-bearing support, press 4
 - For staff performs the activity for the resident, press 5
 - For unknown, press 6
- State the date and time when the injury was discovered.
- State the date and time when the injury was first reported to supervisors.
- Name the doctors, responsible parties and all appropriate agencies that were notified and when.
- What happened? Please describe the circumstances of the incident including where the incident occurred.
- Describe the injuries by including the size, shape, color and location on the body.
- Has the resident had similar injuries in the past 3 months? If yes, describe. If none, say "no past injuries".
- Describe the care plan changes that were made as a result of this incident. If none, say "no care plan changes".
- Describe the treatment that was required and if any additional treatment is necessary. If none, say "no treatment".
- Describe the psychological harm experienced by the resident. If none, say "no psychological harm".
- Briefly state any other pertinent information not previously stated. If none, say "no additional information."

Your report is now complete. To return to the main menu, Press 1. To make another facility report, Press 2. If you are finished, you may have up. Thank you.

Report a resident fall:

The following series of questions is for reporting resident fall incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. To begin...

- State and spell your first and last name and provide your job title
- Please choose your facility or provider type from the following options
 - If you are calling from a nursing facility/home, press 1
 - If you are calling from an assisted living facility, press 2
 - If you are calling from an adult family home, press 3
 - If you are a certified residential (supported living) provider, press 4
 - If you are calling from an intermediate care facility for individuals with intellectual disabilities, press 5
- State the facility name.

- State the facility address.
- Please use your keypad to enter the facility phone number, including the area code, which you can be reached.
- State and spell the resident's first and last name, including the middle initial.
- What is the resident's gender? Press 1 for female or 2 for male.
- Use your keypad to enter the resident's date of birth in the 2 digit month, 2 digit day and 4 digit year format. Press star to skip.
- State the resident's primary diagnosis.
- Choose the resident's cognitive skills and decision making ability from the following options.
 - For decisions are consistent and reasonable, press 1
 - For has some difficulty in new situations, press 2
 - For decisions are poor and requires cues, press 3
 - For rarely or never makes decisions regarding self, press 4
 - For unknown, press 5
- Describe any recent changes in the resident's mental status or say "no changes in mental status".
- Choose the resident's walking status from the following options
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3
 - For staff gives weight-bearing support, press 4
 - For staff performs the activity for the resident, press 5
 - For unknown, press 6
- Choose the resident's transfer status from the following options:
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3
 - For staff gives weight-bearing support, press 4
 - For staff performs the activity for the resident, press 5
 - For unknown, press 6
- State the date when the fall occurred.
- State the time when the fall occurred.
- State the date and time when the fall was first reported to supervisors.
- Name the doctors, responsible parties and all appropriate agencies that were notified and when.
- Describe the care plan changes that were made as a result of this incident. If none, say "no care plan changes"
- Describe the treatment that was required and if any additional treatment is necessary. If none, say "no treatment."
- Describe the psychological harm experienced by the resident. If none, say "no psychological harm."
- Briefly state any other pertinent information not previously stated. If none, say "no additional information."

Your report is now complete. To return to the main menu, Press 1. To make another facility report, Press 2. If you are finished, you may have up. Thank you.

Report exploitation or misappropriation of resident property:

The following series of questions is for reporting exploitation of residents or misappropriation of their property. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. To begin...

- State and spell your first and last name and provide your job title
- Please choose your facility or provider type from the following options
 - If you are calling from a nursing facility/home, press 1
 - If you are calling from an assisted living facility, press 2
 - If you are calling from an adult family home, press 3
 - If you are a certified residential (supported living) provider, press 4
 - If you are calling from an intermediate care facility for individuals with intellectual disabilities, press 5
- State the facility name.
- State the facility address.
- Please use your keypad to enter the facility phone number, including the area code, which you can be reached.
- State and spell the resident's first and last name, including the middle initial.
- What is the resident's gender? Press 1 for female or 2 for male.
- Use your keypad to enter the resident's date of birth in the 2 digit month, 2 digit day and 4 digit year format. Press star to skip.
- State the resident's primary diagnosis.
- Choose the resident's cognitive skills and decision making ability from the following options.
 - For decisions are consistent and reasonable, press 1
 - For has some difficulty in new situations, press 2
 - For decisions are poor and requires cues, press 3
 - For rarely or never makes decisions regarding self, press 4
 - For unknown, press 5
- Describe any recent changes in the resident's mental status or say "no changes in mental status".
- State the date and time when the incident or allegation was first suspected and/or reported to supervisors.
- Name the doctors, responsible parties and all appropriate agencies that were notified and when.
- Describe the alleged exploitation or misappropriation of property including the dollar amount, if the problem is ongoing, and where it occurred.
- Describe how the resident safeguarded their valuables. If they didn't, say, "no safeguards".
- If there is an alleged perpetrator, state the person's name, job title and/or the relationship to the resident. If the alleged perpetrator has not been identified, how did the resident describe the perpetrator?
- If the alleged perpetrator is an employee, what is the employee's date of birth, date of hire and social security number? Otherwise, say "not employee".
- Describe any known history with this alleged perpetrator. If none, say "no known history".
- Describe what actions were taken with the alleged perpetrator. If the alleged perpetrator is an employee, state if they were suspended or terminated and include the date. If no actions were taken, say "no actions".
- What action has been taken to prevent recurrences? If none, say "no new preventions."
- Describe how the resident will be reimbursed? If not, why?
- Identify additional agencies notified such as: Law Enforcement, and Adult Protective Services. If law enforcement has been notified, please include the case number. Otherwise, say "no agencies were notified".
- Briefly state any other pertinent information not previously stated. If none, say "no additional information."

Your report is now complete. To return to the main menu, Press 1. To make another facility report, Press 2. If you are finished, you may have up. Thank you.

Report any other type of resident-related incident:

The following series of questions is for reporting multiple types of other incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. To begin...

- Please choose the type of incident from the following options
 - If this is regarding an unexpected resident death, press 1
 - If this is regarding a disease outbreak, press 2
 - If this is regarding a fire, press 3
 - If this is weather-related, press 4
 - If this is for building maintenance, press 5
 - For all other calls, press 6
- State and spell your first and last name and provide your job title
- Please choose your facility or provider type from the following options
 - If you are calling from a nursing facility/home, press 1
 - If you are calling from an assisted living facility, press 2
 - If you are calling from an adult family home, press 3
 - If you are a certified residential (supported living) provider, press 4
 - If you are calling from an intermediate care facility for individuals with intellectual disabilities, press 5
- State the facility name.
- State the facility address.
- Please use your keypad to enter the facility phone number, including the area code, which you can be reached.

You will have the opportunity to provide information for each resident, one at a time.

- State and spell the resident's first and last name, including the middle initial.
- What is the resident's gender? Press 1 for female or 2 for male.
- Use your keypad to enter the resident's date of birth in the 2 digit month, 2 digit day and 4 digit year format. Press star to skip.
- State the resident's primary diagnosis.
- Choose the resident's cognitive skills and decision making ability from the following options.
 - For decisions are consistent and reasonable, press 1
 - For has some difficulty in new situations, press 2
 - For decisions are poor and requires cues, press 3
 - For rarely or never makes decisions regarding self, press 4
 - For unknown, press 5
- Describe any recent changes in the resident's mental status or say "no changes in mental status".
- Choose the resident's walking status from the following options
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3
 - For staff gives weight-bearing support, press 4
 - For staff performs the activity for the resident, press 5
 - For unknown, press 6
- Choose the resident's transfer status from the following options:
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3
 - For staff gives weight-bearing support, press 4
 - For staff performs the activity for the resident, press 5
 - For unknown, press 6
- Describe any injuries sustained by including the size, shape, color and location on the body. If none, say "no injuries."
- Describe the treatment that was required. If none say "no treatment."
- Describe the psychological harm experienced by the resident. If none, say "no psychological harm."
- To add an additional resident's information to this report, press 1; if no other residents are involved, press 2.
- State the date when the reason for this call occurred.
- State the time when the reason for this call occurred.

- State the date and time when the reason for this call was first reported to supervisors.
- Name the doctors, responsible parties and all appropriate agencies that were notified and when.
- Describe the circumstances of the reason for this call and where it occurred.
- Please state and spell the names of any witnesses. If none, say “no witnesses”.
- If there were any other individuals involved besides the residents already reported, what are their names? Otherwise say “no others.”
- What action has been taken to prevent recurrences? If none, say “no new preventions.”
- Identify additional agencies notified such as: Law Enforcement, Fire Department, Medical Examiner, and Adult Protective Services. If law enforcement has been notified, please include the case number.
- If this is a building maintenance issue, press 1; otherwise, press 2 to skip maintenance related questions.
- Describe approximately how many residents are currently impacted by the identified maintenance issue.
- State how long this issue has been ongoing.
- Describe the actions planned or taken to correct the maintenance issue.
- How long do you anticipate it will last?
- Briefly state any other pertinent information not previously stated. If none, say “no additional information.”

Your report is now complete. To return to the main menu, Press 1. To make another facility report, Press 2. If you are finished, you may have up. Thank you.

Report a medication error incident:

The following series of questions is for reporting medication error incidents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. To begin...

- State and spell your first and last name and provide your job title
- Please choose your facility or provider type from the following options
 - If you are calling from a nursing facility/home, press 1
 - If you are calling from an assisted living facility, press 2
 - If you are calling from an adult family home, press 3
 - If you are a certified residential (supported living) provider, press 4
 - If you are calling from an intermediate care facility for individuals with intellectual disabilities, press 5
- State the facility name.
- State the facility address.
- Please use your keypad to enter the facility phone number, including the area code, which you can be reached.
- State and spell the resident's first and last name, including the middle initial.
- What is the resident's gender? Press 1 for female or 2 for male.
- Use your keypad to enter the resident's date of birth in the 2 digit month, 2 digit day and 4 digit year format. Press star to skip.
- State the resident's primary diagnosis.
- Choose the resident's cognitive skills and decision making ability from the following options.
 - For decisions are consistent and reasonable, press 1
 - For has some difficulty in new situations, press 2
 - For decisions are poor and requires cues, press 3
 - For rarely or never makes decisions regarding self, press 4
 - For unknown, press 5
- Describe any recent changes in the resident's mental status or say “no changes in mental status”.
- Is the resident his or her own responsible party? Press 1 for yes or 2 for no.
- To add an additional resident's information to this report, press 1; if no other residents are involved, press 2.
- State the date and time or timeframe of the medication error.
- State the date and time when the medication error was first reported to supervisors.
- Name the doctors, responsible parties and all appropriate agencies that were notified and when.
- Describe the medication error and when and how it was discovered. Include the name of the medication and dose.
- Describe any negative outcome for any of the residents as a result of the medication error. If there were none, say “no negative outcomes”.
- What treatment was required for the resident? If none, then say “no treatment required”.

You will have the opportunity to provide multiple employee names and identifying information one at a time.

- State and spell the first and last name including the middle initial of the alleged employee involved and provide their job title and associated license information.
- State the alleged employee's date of birth, date of hire, and social security number.
- Describe the employee's previous warnings or incidents regarding medication administration. If none, say "no previous incidents".
- What action was taken with the employee? If suspended or terminated, include the date. If none, say "no action".
- To add an additional employee's information to this report, press 1; if no other employees are involved, press 2.
- What action has been taken to prevent recurrences? If none, say "no preventions."
- Identify additional agencies notified such as: Law Enforcement, Fire Department, Medical Examiner, and Adult Protective Services. If law enforcement has been notified, please include the case number.
- Briefly state any other pertinent information not previously stated. If none, say "no additional information."

Your report is now complete. To return to the main menu, Press 1. To make another facility report, Press 2. If you are finished, you may have up. Thank you.

Report an elopement/missing resident:

The following series of questions is for reporting elopement incidents or missing residents. Please provide as many details as possible. Listen carefully to the questions, speak slowly and clearly. To begin...

- State and spell your first and last name and provide your job title
- Please choose your facility or provider type from the following options
 - If you are calling from a nursing facility/home, press 1
 - If you are calling from an assisted living facility, press 2
 - If you are calling from an adult family home, press 3
 - If you are a certified residential (supported living) provider, press 4
 - If you are calling from an intermediate care facility for individuals with intellectual disabilities, press 5
- State the facility name.
- State the facility address.
- Please use your keypad to enter the facility phone number, including the area code, which you can be reached.

You will have the opportunity to provide information for each resident, one at a time.

- State and spell the resident's first and last name, including the middle initial.
- What is the resident's gender? Press 1 for female or 2 for male.
- Use your keypad to enter the resident's date of birth in the 2 digit month, 2 digit day and 4 digit year format. Press star to skip.
- State the resident's primary diagnosis.
- Choose the resident's cognitive skills and decision making ability from the following options.
 - For decisions are consistent and reasonable, press 1
 - For has some difficulty in new situations, press 2
 - For decisions are poor and requires cues, press 3
 - For rarely or never makes decisions regarding self, press 4
 - For unknown, press 5
- Describe any recent changes in the resident's mental status or say "no changes in mental status".
- Choose the resident's walking status from the following options
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3
 - For staff gives weight-bearing support, press 4
 - For staff performs the activity for the resident, press 5
 - For unknown, press 6
- Choose the resident's transfer status from the following options:
 - For no help or staff oversight, press 1
 - For requires verbal encouragement or cuing, press 2
 - For staff provides hands-on assistance, press 3

- For staff gives weight-bearing support, press 4
- For staff performs the activity for the resident, press 5
- For unknown, press 6
- State the date and time when it was discovered the resident was missing or had eloped. If unknown, say “unknown”.
- Name the doctors, responsible parties and all appropriate agencies that were notified and when.
- Is the resident his or her own responsible party? Press 1 for yes or 2 for no.
- Who witnessed the incident? If known, please state and spell the names of any witnesses. Or you can also say “not witness” to continue.
- State how and where the resident exited the facility. If you don’t know, say “unknown”.
State the date and time when the resident returned. If the resident has not returned, say “not returned”.
- Describe how the resident was returned. Include any names if known. Otherwise say “details unknown”.
- Describe any injuries sustained by including the size, shape, color and location on the body. If none, say “no injuries.”
- Describe the psychological harm experienced by the resident. If none, say “no psychological harm.”
- Identify additional agencies notified such as: Law Enforcement, Fire Department, Medical Examiner, and Adult Protective Services. If law enforcement has been notified, please include the case number.
- Briefly state any other pertinent information not previously stated. If none, say “no additional information.”

Your report is now complete. To return to the main menu, Press 1. To make another facility report, Press 2. If you are finished, you may have up. Thank you.